Division of Program Compliance – Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 445-1554, FAX (916) 445-1588

May 16, 2008

Mary Anne Ford Sherman, Director Kings County Behavioral Health Administration 450 Kings County Drive, Ste. 104 Hanford, CA 93230

Dear Ms. Readel:

AUDIT REPORT - KINGS VIEW COUNSELING SERVICES IN KINGS COUNTY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kings View Counseling Services in Kings County for the fiscal period July 1, 2002 to June 30, 2003. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

NET PROGRAM COSTS

	<u>Settled</u>	<u>Allowed</u>	4	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 2,552,704	\$ 2,372,381	\$	(180,323)
Federal Share of Health Families/Medi-Cal	\$ 91,697	\$ 91,937	\$	240

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Mary Anne Ford Sherman, Director May 16, 2008 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to Vicki Orlich, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

FOR WALTER J. HILL, JR., MBA, EA Chief of Audits

CHUKWUEMEKA OKEMIRI, CPA Supervisor, Northern Region Audits

Chule Themen

Enclosures

Certified Mail

KINGS VIEW- KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2003

					Audit	
		_	As Settled		Adjustments	 As Audited
NET REIMBURSABLE MEDI-CAL						
PROGRAM COSTS						
MEDI-CAL - FFP		\$	2,552,704	\$	(180,323)	\$ 2,372,381
HEALTHY FAMILIES - FFP	(Sch. 2a)		91,697		240	 91,937
TOTAL FFP - COUNTY PROVIDER	(Sch. 2a)	\$	2,644,401	s _	(180,083)	\$ 2,464,318

KINGS VIEW- KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

COUNTY OPERATED FEDERAL

						Audit		
				As Settled	_	Adjustments	_	As Audited
Total	Medi-Cal Gross Reimbursement							
1. I	npatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2. (Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		4,476,406		(293,311)		4,183,095
3. I	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0		0
4. I	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		21,360		21,360
5. I	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6. I	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. 3	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		137,582		(0)	_	137,582
9. 1	Total		S =	4,613,988	\$ <u></u>	(271,951)	\$	4,342,037
Less:	Patient & Other Payor Revenues							
10. 3	npatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11. (Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		23,690		0		23,690
12. I	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13. I	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14. I	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15. I	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16. I	Healthy Families Patient-Revenue-1/P	(MH-1968, Ln-31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	_	100	_	00	_	100
18. 7	l'Otal		\$ =	23,790	\$ =	0	\$ <u>_</u>	23,790
<u>Medi</u> -	-Cal Net Reimbursement for Direct Services							
19. 1	npatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20. C	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		4,452,716		(271,951)		4,180,765
21. I	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22. i	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24. I	Healthy Families-O/P	(Ln 8 - Ln 17)		137,482	_	(0)		137,482
25. 1	Total		\$ <u>_</u>	4,590,198	· \$ =	(271,951)	\$ _	4,318,247
<u>Medi</u> -	-Cal MAA Reimbursement							
26. S	ervice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
27. S	ervice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
28. S	ervice Functions 21-19	(MH1979, Ln 13, Col. A)	_	0		0	_	0
29. T	otal		\$		\$	0	\$	0

KINGS VIEW- KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2003

<u>co</u>	UNTY OPERATED FEDERAL			As Settled		Audit Adjustments		As Audited
Am	ount Negotiated Rates Exceed Cost		_	Assettied	-	Adjustments	-	As Addited
	Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
	Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		165,979		206,802		372,781
	Enhanced SD/MC (Refugees)-1/P	(MH1968, Ln 39)		0		0		0
	Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
	Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
	Healthy Families-O/P	(MH 1968, Ln 40, 40A)		7,840		4,795		12,635
	Total	(·····	s_	173,819	2 =	211,596	\$ _	385,415
Med	di-Cal Administrative Reimbursement							
37.	Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	671,461	\$	38,751	\$	710,212
38.	Medi-Cal Administration	(MH 1979, Ln 5)	\$	188,155	\$	70,613	\$	258,768
39.	Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	s_	188,155	\$ =	70,613	\$=	258,768
Hes	ilthy Families Administrative Reimbursement							
40.	Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$_	13,758	\$_	0	\$_	13,758
41.	Healthy Families Administration	(MH1979, Ln 9)	\$_	6,233	\$_	2,205	\$_	8,438
42.	Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	S =	6,233	\$ =	2,205	\$ =	8,438
<u>Util</u>	ization Review Reimbursement							
43.	Skilled Professional	(MH1979, Ln 14, Col. D)	\$_	225,700	\$ _	(63,726)	\$ =	161,974
44.	Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$_	75,054	\$ =	42,990	\$ =	118,044
Net	SD/MC Reimbursement - FFP							
45.	Direct Services	(MH1979, Ln 16,16A)	\$	2,293,319	\$	(151,575)	\$	2,141,744
46.	Enhanced (Children)	(MH1979, Ln 17,17A)		0		13,946		13,946
47.	Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48	MAA	(MH 1979, Ln 11, 12 & 13)	0		0		0
49.	Administrative Reimbursement	(MH1979, Ln 6)		94,077		35,307		129,384
50.	U.R. Skilled Professional	(MH1979, Ln 14)		169,275		(47,795)		121,481
51.	U.R. Other	(MH1979, Ln 15)		37,527		21,495		59,022
52.	Negotiated Rate-Payback	(MH1979, Ln 20)	_	(41,495)	_	(51,700)	_	(93,195)
53.	Subtotal- FFP		\$ ==	2,552,704	\$ =	(180,322)	\$ =	2,372,381
54.	Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55.	Quality Assurance Review Results	(Adj #)	_		-	0	-	0
56.	Total SD/MC Reimbursement - FFP		s _	2,552,704	\$_	(180,322)	s _	2,372,381
Net	Healthy Families Reimbursement - FFP							
57.	Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	89,590	\$	(0)	\$	89,590
58.	Negotiated Rate Exceed Costs	(MH1979, Ln 26)		(1,960)		(1,199)		(3,159)
59.	Administrative Reimbursement	(MH1979, Ln 10)	_	4,067	_	1,439	_	5,506
60.	Total Healthy Families Reimbursement - FFP		\$_	91,697	\$=	240	\$=	91,937
61.	Total - FFP (Ln 56 + Ln 60)		s _	2,644,401	\$_	(180,082)	\$_	2,464,318
					_		_	(To Sch. 1)

Provide	KINGS VIEW	- KINGS	COUN.		der Numbei 00233	No. of Adj.		Fiscal	Period 6/30/0	
	Report Refe			··			+	<u>_</u>	1	 As
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported		Increase (Decrease)		Audited
				ADJUSTMENTS TO REPORTED COSTS						
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$ 7,212,312	\$	(57,036)	\$	7,155,276
				To adjust allocation of allowable Corporate Cost based on the cost of each indicid program per CMS requirements. CMS 15-1, Section 2300. 42 CFR 413	duai					
2	MH1960	8	С	ALLOWABEL COST FOR ALLOCATION		\$ 7,288,723	\$	(57,036)	\$	7,231,687
				To reflect adjustment No. 1.						
3 4 5 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 188,155 6,233 95,126 \$ 289,516	_ s	(188,155) (6,233) (95,128)	\$ \$	0 · 0 · 0 · 289,516 ·
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments to administrative costs.	**					
6	MH1960	12	С	TOTAL ADMINISTRATIVE COST To adjust percentage of Corp. Cost (MIS portion) to agree with Kings View's records.		\$ 289,516	\$	139,635 ®	5	429,151 *
7 8 9 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on gross cost method.	**	\$ (0)		266,252 8,679 166,780	s 	266,252 8,679 166,780 441,711
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.						

Provider					Provider Number	•		Period Ended
	KINGS VIEW		COUNT	Y	00233	37	00	6/30/03
Adj.	Report Refe Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Audited
10 11 12 Info.	MH1960 MH1960 MH1960 MH1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To allocate Total Utilization Review Costs between SPMP, Other SD/MC Utilization Review, and Non-SD/MC Utilization Review based on gross cost method.		\$ 225,700 75,054 147,181 \$ 447,935	\$ (63,781) 42,950 20,831	\$ 161,919 118,004 168,012 \$ 447,935
13	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA) To reflect adjustment No. 1 and 6.		\$ 6,551,272	(196,671)	\$ 6,354,601
Info. Info. 14 Info. Info.	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	3 4 5 6 8 9	1 1 1 1 1 1	ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE OTHER 24 HOUR SERVICES (MODE 05 - All OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 Program 1 + Program2) OUTREACH SERVICE (MODE 45) SUPPORT SERVICES (MODE 60) TOTAL To distribute audited Direct Services cost to Other 24 Hour Services, Day Services and Outpatient Servies to reflect adjustment numbers 13.		\$ 0 0 6,525,948 25,324 0 \$ 6,551,272	\$ - (219,889) (219,889)	\$ 0 0 6,306,059 25,324 0 \$ 6,331,383
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide			_		Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	KINGS VIEW	- KINGS	COUN	TY	00233	37	06/	/30/03
	Report Refe	rence		5V51 4314 7501 05 411517 45 1116-11170		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Audited
				ADJUSTMENTS TO REPORTED UNITS				
15 16 info 17 info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2	CBDDC	TOTAL UNITS- MODE 15-10 FFS TOTAL UNITS- MODE 15-60 FFS TOTAL UNITS- MODE 15-58 TBS TOTAL UNITS- MODE 15-10 ASO TOTAL UNITS- MODE 15-60 ASO TOTAL UNITS To adjust Total Units to agree with the provider's records.		30,243 1,665 88,945 17,145 1,005 139,003	(4,380) (15) - 60 - (4,335)	25,863 1,650 88,945 17,205 1,005 134,668
				ADJUSTMENTS TO REPORTED SDIMC UNITS				
18 19 20 21 22 23 Info 24 25 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the county operated facilities to agree with the State DMH Approved Claims Report dated October 31, 2007. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the provider. See the MH 1970 worksheets, which refle the units for the three (3) reimbursement periods.	cts	670,166 1,925,377 49,548 79,924 0 0 14,693 75,584 2,815,292	51,757 (197,099) (12,522) 12,522 4,043 10,065 0 384 1,378 (129,472)	721,923 * 1,728,278 * 37,026 * 92,446 * 4,043 * 10,065 * 0 * 15,077 * 76,962 * 2,685,820
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.		riod Ended
	KINGS VIEW-	- KINGS	COUNT	Y	00233	37	06/3	30/03
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Audited
26 27 28 29 Info Info 30 31 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 06/30/03 TOTAL To adjust the SD/MC units of service/time per the State DMH Approved Claims Report to the county's records. Above adjustments include Phase Copies of workpapers detailing adjustments by service functions have been provided to the County. See the MH 1970 worksheets, which reflects		721,923 1,728,278 7,026 92,446 1,0065 1,0065 1,5,077 7,6,962 2,685,820	(55,800) 187,034 12,522 (12,522) - - - (384) (1,378) 129,472	666,123 * 1,915,312 * 49,548 * 79,924 * 4,043 * 10,065 * 0 * 14,693 * 75,584 * 2,815,292
32 33 34 35 info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total	the units for the three (3) reimbursement periods. MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDI-CAL UNITS - 10/01/02 to 06/30/03 MEDICARE/MEDI-CAL UNITS - 07/01/02 to 09/30/02 MEDICARE/MEDI-CAL UNITS - 10/01/02 to 06/30/03 ENHANCED - CHILDREN - 07/01/02 to 09/30/02 ENHANCED - CHILDREN - 10/01/02 to 06/30/03 ENHANCED - REFUGEES HEALTHY FAMILIES UNITS - 07/01/02 to 09/30/02 HEALTHY FAMILIES UNITS - 10/01/02 to 09/30/03 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the Count records or the State DMH Approved Claims Report. Above adjustments include Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the county. See the MH 1970 worksheets which reflect the units for the three (3) reimbursement periods.	ty	** 666,123 ** 1,915,312 ** 49,548 ** 79,924 ** 4,043 ** 10,065 ** 0 ** 14,693 ** 75,584 2,815,292	55,800 (187,037) (12,522) 12,522 - - - - - (131,237)	721,923 1,728,275 37,026 92,446 4,043 10,065 0 14,693 75,584 2,684,055
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	· '		eriod Ended
	KINGS VIEW		COUNT	ry 	00233	37	06	/30/03
Adj.	Report Refe	\top		EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Audited
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
36 37	MH 1979 MH 1979	21 27	j	TOTAL SD/MC REIMBURSEMENT (FFP) - CONTRACT PROVIDER TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDER TOTAL REIMBURSEMENT - CONTRACT PROVIDER To adjust Total SD/MC Reimbursement (FFP) due to the adjustments to reported costs and units.		\$ 2,552,704 91,697 2,644,401	(180,323) 240 (180,083)	\$ 2,372,381 91,937 2,464,318
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALCULATION OF PROGRAM COSTS MH 1960 (10/04)

Fiscal Year 2002-2003

County: KINGS COUNTY County Code: 16

	Legal Entity: KINGS VIEW- KINGS COUNTY	Α	В	С
Leg	al Entity Number: 00233	Salaries		Total
		and Benefits	Other	Costs
1_	Mental Health Expenditures	4,030,823	3,124,453	7,155,276
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments (Provide Detail)		76,411	76,411
5	Total Costs Before Medi-Cal Adjustments	4,030,823	3,200,864	7,231,687
6	Medi-Cal Adjustments from MH 1961			
7_	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			7,231,687
	Administrative Costs (County Only)			
9_	SD/MC Administration			258,768
10	Healthy Families Administration			8,438
11	Non-SD/MC Administration			161,945
12	Total Administrative Costs			429,151
	<u>-</u>			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			161,974
14	Other SD/MC Utilization Review			118,044
15	Non-SD/MC Utilization Review			167,917
16	Total Utilization Review Costs			447,935
L				
17	Research and Evaluation (County Only)			
<u></u>				
18	Mode Costs (Direct Service and MAA)			6,354,601
10				7,004,653
19	Total Costs - Lines 9 through 18			7,231,687

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (10/04)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2002-2003

County: KINGS COUNTY

County Code: 16

	Legal Entity: KINGS VIEW- KINGS COUNTY	A
Le	gal Entity Number: 00233	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	6,354,601
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,329,277
6	Outreach Services (Mode 45)	25,324
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	6,354,601

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2 Fiscal Year 2002-2003

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1986A (10/04)

DETAIL COST REPORT

Year 2002-2003 DETAIL COST REPORT

County Coda: 16			NR	NR	NR	NR	NR	CR	CR	CR		
Legal Entity: KINGS VIEW-KINGS COUNTY		A	В	С	D	E	F	G	Н		J	K
Legal Entity Number: 00233 Mode: 15 - Outpatient (Program 1)		Mode Total	Service Function_	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1 Allocation Percentage		100.00%	01 15.35%	40 37.34%	58 0.66%	21.68%	70 15.58%	01	9.09%	70 0.00%		
7 Total Units			968,069	1,629,858	28,782	563,425	414,428	10,399	330,241	135		
3 Gross Cost		6,183,715	949,501	2,309,085	40,777	1,340,611	963,506	17,706	582,299	230		-
4 Cost per Unit			Topos and the state of the stat		***************************************	AMERICAN PROPERTY OF THE PERSON NAMED IN	NAME OF TAXABLE PARTY.		1.70	1,70		Division in
S ISMA per Unit			0.98	1.42	1.42	2.38 4.23	2.32 3.41	1.70	2.28	3.41		├──
6 Published Charge per Unit			1.24	2.28	2.28	3.01	2.94	1.24	1.79	2.94		
7 Negotiated Rate / Cost per Unit			1.08	1.56	1.56	2.62	2.56	1.24	1.70	1.70		
Medi-Cal Units	07/01/02 - 09/30/02		171,318	328,933	21,083	128,172	14,247					
BA THOSE CENTRAL	10/01/02 - 06/30/03		569,735	740,722	5,894	297,181	38,625					
Medicare/Medi-Cal Crossover Units	07/01/02 - 09/30/02		1,482	14,646		17,533	3,365					
9A	10/01/02 - 06/30/03		452	40,425		42,913	8,656					
Enhanced SD/MC (Children) Units	07/01/02 - 09/30/02		970	2,627		448						├ ──
10A[10/01/02 - 06/30/03		3,644	5,383		918	120					
10B Enhanced SD/MC (Refugees) Units	07/01/02 - 06/30/03											├──
Healthy Families (SED) Units	07/01/02 - 09/30/02		2,018	11,475		1,200						
11A	10/01/02 - 06/30/03		23,479	44,704		5,257	2,144					
12 Non-Medi-Cal Units			194,971	440,943	1,805	69,825	347,271	10,399	330,241	135	d	
13 Modi Cal Conta	07/01/02 - 09/30/02	1,002,009	168,032	466,012	29,869	304,972	33,123					
13A Medi-Cal Costs	10/01/02 - 06/30/03	2,413,431	558,807	1,049,410	8,350	707,064	89,799					
14 14-45 C-1 CMA 11112-	07/01/02 - 09/30/02	1,692,019	303,233	749,967	48,069	542,168	48,582					
Medi-Cal SMA Upper Limits	10/01/02 - 06/30/03	4,099,418	1,008,431	1,688,846	13,438	1,256,991	131,711		-			
(5)	07/01/02 - 09/30/02	1,268,831	212,777	590,106	37,823	386,182	41,943					
15A Medi-Cal Published Charges	10/01/02 - 06/30/03	3,056,098	707,811	1,328,855	10,574	895,346	113,712					$\overline{}$
18	07/01/02 - 09/30/02	1,103,331	185,023	513,135	32,889	335,811	36,472					
Medi-Cal Negotiated Rates	10/01/02 - 06/30/03	2,657,477	615,314	1,155,528	9,195	778,562	98,880					
17	100.0000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000			077700000000000000000000000000000000000	000000000000000000000000000000000000000	******************************	***********	************	30,000,000,000,000,000,000,000,000,000,	
17A Medicare/Medi-Cal Crossover Costs	07/01/02 - 09/30/02	71,744	1,454	20,750	<u> </u>	41,718	7,823					
	10/01/02 - 06/30/03	179,948	443	57,272		102,107	20,124					├──
18 Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/02 - 09/30/02	121,655	2,623	33,303		74,165						
19 Mediano Medi Cal Communi Dublished Channel	10/01/02 - 06/30/03 07/01/02 - 09/30/02	304,008 90,849	1,841	92,169		181,522 52,827	29,517 9,907					
Medicare/Medi-Cal Crossover Published Charges		227,864	561	28,275		129,297	25,483					
	10/01/02 - 06/30/03			72,522		45,938	8,614					—-
20 20A Medicare/Medi-Cal Crossover Negotiated Rates	07/01/02 - 09/30/02 10/01/02 - 06/30/03	78,999	1,601	22,848			22,159					——
2UA	10/01/02 • 00/30/03	198,143	488	63,063		112,432	22,159			***********	<u> </u>	******
Enhanced SD/MC Costs	07/01/02 - 09/30/02	5,734	951	3,722		1,061						
21A	10/01/02 - 06/30/03	13,664	3,574	7,626		2,184	279					
Enhanced SD/MC SMA Upper Limits	07/01/02 - 09/30/02	9,593	1,717	5,990		1,887						
Z2A	10/01/02 - 06/30/03	23,015	8,450	12,273		3,883	409					
23 Enhanced SD/MC Published Charges	07/01/02 - 09/30/02	7,261	1,205	4,713		1,344						
23A	10/01/02 - 06/30/03	17,302	4,528	9,657		2,766	353					
Enhanced SD/MC Negotiated Rates	07/01/02 - 09/30/02	6,314	1,048	4,098		1,169						
24A CHIMINGS SOME Negotiated Rates	10/01/02 - 06/30/03	15,045	3,936	8,397		2,405	307					
25 Enhanced SD/MC (Refugees) Costs	07/01/02 - 06/30/03	***************************************	<u>Arizonanasáponomená</u>	**************************************	*********	***************************************	B*************************************	***************************************	***********	***************************************	*********	***************************************
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/02 - 06/30/03				 	_					 -	
27 Enhanced SD/MC (Refugees) Published Charges	07/01/02 - 06/30/03											-
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/02 - 06/30/03		 		 							
****		ANTON ANTON AND A	***************************************	***************************************	************	***********	**********	····	************		<u> 2000-2000 </u>	
29 Healthy Families Costs	07/01/02 - 09/30/02 10/01/02 - 06/30/03	21,092 103,856	1,979	16,2\$7 83,3 3 4		2,855 12,508	4,985	<u> </u>				
20						5,076	4,865					
Healthy Families SMA Upper Limits	07/01/02 - 09/30/02	34,811	3,572	26,183	l		73					 -
	10/01/02 - 06/30/03	173,031	41,558	101,925	 	22,237	7,311	 	 -			├──
Healthy Families Published Charges	07/01/02 - 09/30/02	26,708	2,506	20,586	l	3,616	4 210					├─ ─
31A	10/01/02 - 06/30/03	131,511	29,161	80,199	 	15,839	6,312		<u> </u>			├──
Healthy Families Negotlated Rates	07/01/02 - 09/30/02	23,224	2,179	17,901		3,144			 -			——
32A	10/01/02 - 06/30/03	114,358	25,357	69,738	<u> </u>	13,773	5,489			************	***************************************	1000000
33 Non-Medi-Cal Costs		2,372,239	191,231	624,701	2,557	166,141	807,372	17,706	562,299	230		1

DEPARTMENT OF MENTAL HEALTH

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

PAGE 1 OF 1 Fiscal Year 2002-2003

(0)

County: KINGS COUNTY

County Code: 16 MHS TBS MHS ASO ASO Legal Entity: KINGS VIEW-KINGS COUNTY ח Legal Entity Number: 00233 Service Service Service Service Service Service Mode: 15 - Outpatient (Program 2) Mode Total Function Function Function Function Function Function 40 60 40 60 1 Allocation Percentage 100.00% 60.48% 13.85% 3.01% 20.56% 2.10% Total Units 25,863 88,945 1,650 17,205 1 005 3 Gross Cost 145,562 29,932 88,031 3.057 20,166 4.375 4 Cost per Unit 1 16 0.99 1.85 1 17 4 35 SMA per Unit 2.28 2.28 4.23 2.28 4.23 6 Published Charge per Unit 7 Negotiated Rate / Cost per Unit 720 07/01/02 - 09/30/02 4,530 49,560 3,120 240 Medi-Cal Units 8A 9 10/01/02 - 06/30/03 20.973 39.385 930 14.085 765 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Units 9A 10/01/02 - 06/30/03 10 07/01/02 - 09/30/02 Enhanced SD/MC Units 10A 10/01/02 - 06/30/03 10B Enhanced SD/MC (Refugees) Units 07/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families (SED) Units 11A 10/01/02 - 06/30/03 12 Non-Medi-Cal Units 360 3.657 49.051 1.334 1.045 07/01/02 - 09/30/02 60.330 5.243 Medi-Cal Costs 13A 1,723 16.509 3,330 10/01/02 - 06/30/03 84.816 24,273 38.980 14 07/01/02 - 09/30/02 134,500 10.328 112,997 3,046 7.114 1.015 Medi-Cal SMA Upper Limits 14A 10/01/02 - 06/30/03 176,900 47,818 89.798 3.934 32,114 3.236 15 15A 07/01/02 - 09/30/02 Medi-Cal Published Charges 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medi-Cal Negotiated Rates 16A 10/01/02 - 06/30/03 17 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Costs 17A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 10/01/02 - 06/30/03 19 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Published Charge 19A 20 20A 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/02 - 06/30/03 21 07/01/02 - 09/30/02 Enhanced SD/MC Costs 21A 10/01/02 - 06/30/03 22 07/01/02 - 09/30/02 Enhanced SD/MC SMA Upper Limits 22A 10/01/02 - 06/30/03 23 23A 07/01/02 - 09/30/02 Enhanced SD/MC Published Charges 10/01/02 - 06/30/03 24 07/01/02 - 09/30/02 Enhanced SD/MC Negotiated Rates 24A 10/01/02 - 06/30/03 25 Enhanced SD/MC (Refugees) Costs 07/01/02 - 06/30/03 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/02 - 06/30/03 27 Enhanced SD/MC (Refugees) Published Charges 07/01/02 - 06/30/03 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/02 - 06/30/03 29 07/01/02 - 09/30/02 Healthy Families Costs 29A 10/01/02 - 06/30/03 30 30A 07/01/02 - 09/30/02 Healthy Families SMA Upper Limits 10/01/02 - 06/30/03 31 31A 07/01/02 - 09/30/02 Healthy Families Published Charges 10/01/02 - 06/30/03 07/01/02 - 09/30/02 Healthy Families Negotiated Rates 32A 10/01/02 - 06/30/03 33 Non-Medi-Cal Costs

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CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966A (10/04)

DETAIL COST REPORT

Fiscal Year 2002-2003

County: KINGS COUNTY

County Code: 16

CR

	Legal Entity: KINGS VIEW- KINGS COUNTY	A	В	C	D	E	F	G
Le	gal Entity Number: 00233		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		14,873					
3	Gross Cost	25,324	25,324					
4	Cost per Unit		1.70					
5	Non-Medi-Cal Units		14,873					
6	Non-Medi-Cal Costs	25,324	25,324					

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (10/04)

Fiscal Year 2002-2003

	County: KINGS COUNTY										1		•
County Code: 16			REIMBURSEMENT TYPE			PC NR					Costs	 _	
Legal Entity: KINGS VIEW- KINGS COUNTY Legal Entity Number: 00233			A B C D		Total F		G H_		Total		Total		
	S. Chilly Wallion: 00250			Mode 55		Total	Inpatient				Outpatient		Outpatient
				S. F.'s 11-19,		MAA	Mode 05-	Mode 05-All		Mode 15	Exclude	Mode 15	(Col. 1 + Col. J)
l ,−	T	107/01/02 - 09/30/02	S F.'s 01-09	31-39	S F.'s 21-29		Hospital	Other	Mode 10	Program (1) 1,002,009	Program (2) 1,002,009	Program (2) 60,330	1,062,338
1A	Medi-Cal Costs	10/01/02 - 06/30/03								2,413,431	2,413,431	84,816	2,498,247
2	Medi-Cal SMA	07/01/02 - 09/30/02	***************************************							1,692,019	1,692,019	134,500	2,498,247 1,826,519
2A		10/01/02 - 06/30/03 07/01/02 - 09/30/02						├ ──-		4,099,418	4,099,418	176,900	4,276,318
3A	Medi-Cal P. C.	10/01/02 - 06/30/03								1,268,831 3,056,098	1,268,831 3,056,098		1,268,831 3,056,098
4	Medi-Cal N. R.	07/01/02 - 09/30/02				.				1,103,331	1,103,331		1,103,331
4A	Med-Cal N. N.	10/01/02 - 06/30/03	***************************************							2,657.477	2,657,477		2,657,477
5_	Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02				1	_			1,103,331	1,103,331	60,330	1,163,661
5A	Medi-Cal Gloss Reimbulsement	10/01/02 - 06/30/03								2,657,477	2,657,477	84,816	2,742,292
6	Medicare/Medi-Cal Crossover Cost	07/01/02 - 09/30/02				(71,744	71,744		71,744
6A 7	medicaremedi-car crossover cost	10/01/02 - 06/30/03								179,946	179,946		179,946
	Medicare/Medi-Cal Crossover SMA	07/01/02 - 09/30/02 10/01/02 - 06/30/03						├ ──		121,655	121,655 304,008	 	121,655 304,008
7 <u>A</u> 8	Harding and the State of the St	07/01/02 - 09/30/02				·*·······				304,008 90,849	90,849		90,849
8A	Medicare/Medi-Cal Crossover P C.	10/01/02 - 06/30/03	***************************************		***************************************					227,864	227,864		227,864
9 9A	Medicare/Medi-Cal Crossover N. R.	07/01/02 - 09/30/02								78,999	78,999		78,999
		10/01/02 - 06/30/03						<u> </u>	***************************************	198,143	198,143		198,143
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/02 - 09/30/02								78,999	78,999	<u> </u>	78,999
10/		10/01/02 - 06/30/03						************		198,143	198,143		198,143
11	Total SD/MC + Crossover Gross Reim.	07/01/02 - 09/30/02								1,182,331	1,182,331	60,330	1,242,660
11/		10/01/02 - 06/30/03						**************************************	<u> </u>	2,855,619	2,855,619	84,816	2,940,435
12 124	Enhanced SD/MC (Children) Cost	07/01/02 - 09/30/02						 		5,734	5,734		5,734
13	5	10/01/02 - 06/30/03 07/01/02 - 09/30/02				•		 		13,664 9,593	13,664 9,593		13,664 9,593
13 134	Enhanced SD/MC (Children) SMA	10/01/02 - 06/30/03				r				23,015	23.015		23,015
14	Enhanced SD/MC (Children) P. C	07/01/02 - 09/30/02				4				7,261	7,261		7,261
144	 	10/01/02 - 06/30/03 07/01/02 - 09/30/02						 -		17,302 6,314	17,302 6,314		17,302 6,314
15 15/	Enhanced SD/MC (Children) N. R.	10/01/02 - 06/30/03						 		15,045	15,045		15,045
16		07/01/02 - 09/30/02	***************************************	**************************************	**************************************		**************	***************************************	*****************	6,314	6,314		6,314
164	Enhanced SD/MC (Children) Gross Reim.	10/01/02 - 06/30/03								15,045	15,045		15,045
17	Enhanced SD/MC (Refugees) Cost	07/01/02 - 06/30/03	***************************************					***************************************	***********	*************	***************************************	<u></u>	***************************************
18	Enhanced SD/MC (Refugees) SMA	07/01/02 - 06/30/03											
19	Enhanced SD/MC (Refugees) P. C.	07/01/02 - 06/30/03											
20	Enhanced SD/MC (Refugees) N. R.	07/01/02 - 06/30/03				· * ······	V-7						
21	Total Medi-Cal Gross Reimbursement	07/01/02 - 09/30/02								1,188,645	1,188,645	60,330	1,248,974
21/	(Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	10/01/02 - 06/30/03 07/01/02 - 06/30/03					<u> </u>	├ ───		2,870,665	2,870,665	84,816	2,955,480
2000	Chinatott Obrito (naiogear) Cross Hain.								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		220,000,000,000		www.com
23 23/	Healthy Families Cost	07/01/02 - 09/30/02 10/01/02 - 06/30/03						 		21,092	21,092		21,092
24	Line Min. Familia - Chin	07/01/02 - 09/30/02						 -		103,856 34,811	103,856 34,811		103,856 34,811
24/	Healthy Families SMA	10/01/02 - 06/30/03								173,031	173,031		173,031
25	Healthy Families P. C.	07/01/02 - 09/30/02						_		26,708	26,708		26,708
25/ 26		10/01/02 - 06/30/03 07/01/02 - 09/30/02		 			 -			131,511 23,224	131,511		131,511 23,224
264	Healthy Families N. R.	10/01/02 - 06/30/03	 	 			 	 		114,358	23,224 114,358		114,358
27		07/01/02 - 09/30/02	•							XXXX0000000000000000000000000000000000	23,224		23,224
27/	Healthy Families Gross Reim.	10/01/02 - 06/30/03								23,224 114,358	114,358		114,358
	Less: Patient and Other Payor Revenues												
28	SD/MC + Crossover Revenues	07/01/02 - 09/30/02								7,275	7,275		7,275
28/ 29		10/01/02 - 06/30/03				4	 -	 	 	16,415	16,415	{	16,415
30	Enhanced SD/MC (Refugees) Revenues			 				1					
30 31	Healthy Families Revenues									100	100		100
32	Total Expenditures from MAA (Mode 55)	***************************************	1			CANAGE TO SERVICE							
33	Medi-Cai Eligibility Factor (Average)												
34	Revenue - MAA	7877;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;											
35	Net Due - SD/MC for Direct Services	07/01/02 - 09/30/02								1,181,370	1,181,370	60,330	1,241,699
35/		10/01/02 - 06/30/03								2,854,250	2,854,250	84,816	2,939,065
36 37	Net Due - Enhanced SD/MC (Refugees)	07/01/02 - 09/30/02					 -		 -	23,124	23,124		23,124
37/	Net Due - Healthy Families	10/01/02 - 06/30/03				4		 	 	114,358	114,358	 	114,358
****	Amount Negotiated Rates Exceed Costs					7				1			
38		07/01/02 - 09/30/02	 	!				1		109,157	109,157		109,157
38 38/	SD/MC (Includes Children)	10/01/02 - 06/30/03								263,623	263.623		263,623
39 40	Enhanced SD/MC (Refugees)	07/04/02 00/02/02		!									1
40/	Healthy Families	07/01/02 - 09/30/02 10/01/02 - 06/30/03	1					 -		2,133	2,133 10,502		2,133 10,502
40/		110/01/02 - 00/30/03	L	1	1		<u></u>			10,502	10,502	Participant (1997)	10,502

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (10/04)

Fiscal Year 2002-2003

DEPARTMENT OF MENTAL HEALTH

	A Total MAA	B Total Inpatient	C Total Outpatient	D Total	E 50% FFP	Source: MH1978 E8 F 51.40%	Source: MH1978 F8 G 51.53%	H Variable %	75%	J Total
Legal Entity Number: 00233 SD/MC Administrative Reimbursement (County Only) County SD/MC Direct Service Gross Reimbursement	Total	Total Inpatient	Total Outpatient		50%	F 51.40%	G 51.53%		75%	J Total
SD/MC Administrative Reimbursement (County Only) 1 County SD/MC Direct Service Gross Reimbursement		npatient	Outpatient	Total				Variable %	75%	Total
SD/MC Administrative Reimbursement (County Only) 1 County SD/MC Direct Service Gross Reimbursement	MAA I			Total	FFP	CED I				
1 County SD/MC Direct Service Gross Reimbursement		530,290	4,204,455			757	FFP	FFP	FFP	FFP
		530,290	4,204,455							
2 Contract Provider Medi-Cal Direct Service Gross Reimbursement		530,290		4,204,455						
				530,290						
3 Total Medi-Cal Direct Service Gross Reimbursement 4 Medi-Cal Administrative Reimbursement Limit				4,734,745						
THIS CONTRACT TO THE PROPERTY OF THE PROPERTY				710,212						
5 Medi-Cal Administration				258,768	100 101					120 101
6 Medi-Cal Administrative Reimbursement		·····	<u></u>	258,768	129,384					129,384
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement			137,582	137,582						
8 Healthy Families Administrative Reimbursement Limit				13,758						
9 Healthy Families Administration				8,438						
10 Healthy Families Administrative Reimbursement				8,438				5,506		5,506
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				161,974					121,481	121,481
15 Other SD/MC Utilization Review (County Only)				118,044	59.022					59,022
				SOUTHER STREET						
16 SD/MC Net Reimbursement for Direct Services 07/01/02 - 09/30/02			1,235,385	1,235,385		634,988				634,988
			2,924,020	2,924,020			1,506,756	4.166		1,506,756
—— Englanced SI //MC Net Reimh (Children)			6,314	6,314				4,166		4,166
17A	*******************************		15,045	15,045				9,779		9,779
***************************************		******************	******************					; ************************************		000000000000000000000000000000000000000
19 Total SD/MC Reimbursement Before Excess FFP										2,465,576
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC			372,781	372,781						93,195
21 Total SD/MC Reimbursement (FFP)										2,372,381
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										2,372,381
24 Hardithy Espilion Not Baimburgoment 07/01/02 - 09/30/02			23,124	23,124				15.258		15.258
24A Healthy Families Net Reimbursement 10//01/02 - 09/30/02 10/01/02 - 06/30/03			114,358	114,358				74,332		74,332
25 Total Healthy Families Reimbursement Before Excess FFP			.11,350							95,096
26 Amount Negotiated Rates Exceed Costs - Healthy Families		***************************************	12,635	12,635				****		3,159
27 Total Healthy Families Reimbursement				,555						91,937